

# Client Statement of Understanding

**About EAP:** You are choosing to receive services from the Washington State Employee Assistance Program (EAP). EAP services include problem assessment, brief problem-solving assistance, resources, and referrals for treatment or additional support. The EAP counselor will work with you to clarify problems, identify choices, and help you to develop an action plan within 1-3 sessions.

**Fees:** Your employer fully funds EAP services. There is **no cost** to you for any services provided by EAP. EAP is separate from your insurance benefit. The EAP does not cover the cost of services we may refer you to, but we attempt to refer you to providers covered by your insurance plan. It is your responsibility to verify that your insurance will cover the cost of counseling or other treatments.

**About your EAP Provider:** All EAP providers hold a master’s degree or higher in a counseling-related field. Additionally, our providers are certified or licensed by the Washington State Department of Health. EAP providers are generalists but can refer you to specialists based on their assessment of your needs. While you are not entering therapy or treatment during your EAP visits, you may request and review a Counselor Disclosure Statement that will provide more information about your specific provider. Should you choose to continue seeing the provider after EAP sessions are complete, they must offer you alternative referrals and must provide a Counselor Disclosure Statement to you.

**Confidentiality:** EAP will maintain confidential records of your contact with EAP, including the information you share with us and the services provided to you. We need to have your written consent in order to share information about your care with another individual or entity. Exceptions to confidentiality are listed in detail in the Notice of Privacy Practices.

**Does EAP tell my employer about my use of EAP?:** [RCW 41.04.730](#) states that “an individual employees’ participation in the employee assistance program and all individually identifiable information gathered in the process of conducting the program shall be held in strict confidence; except that agency management may be provided with the following information about employees referred by that agency management due to poor job performance:

- (1) Whether or not the referred employee made an appointment;
- (2) The date and time the employee arrived and departed;
- (3) Whether the employee agreed to follow the advice of counselors; and
- (4) Whether further appointments were scheduled.”

**Your Rights:** As an EAP client, your rights include but are not limited to the following. You have the right:

- to be treated with respect and dignity, and to receive EAP services without discrimination based on race, color, religion, national origin, language, sex, age, disability, sexual orientation, gender identity, gender expression, or veteran status;
- to receive appropriate, ethical care and to refuse or terminate services at any time;
- to ask questions about anything that happens during EAP services; and
- to request a different counselor than the one assigned to you for the remainder of your EAP sessions.
- Additionally, [RCW 41.04.730](#) states: “Participation or nonparticipation by any employee in the employee assistance program shall not be a factor in any decision affecting an employee's job security, promotional opportunities, corrective or disciplinary action, or other employment rights.”

I, (print name) \_\_\_\_\_, understand the information provided to me on this form, including the confidentiality of the EAP and the limitations to confidentiality. I accept it as the terms of my participation in the program. With my signature, I also acknowledge that I received written information describing EAP’s Privacy Practices.

\_\_\_\_\_  
Client Signature (or legal representative if applicable) Date

\_\_\_\_\_  
Provider Signature Date

